

<b>Case Number:</b>	CM13-0001836		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/23/2007
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 10/23/2007. This patient is a 52-year-old woman with the diagnoses of a thoracic spine and lumbar spine disorder with myelopathy and radiculitis. Treating diagnoses include thoracic spinal stenosis, lumbar disc disorder with myelopathy, thoracic disorder with myelopathy, pes anserine bursitis, and lumbosacral radiculitis. Initial physician reviewer noted that the patient has reported diffuse pain and multiple medical conditions including a history of a stroke and that the patient uses a wheelchair and has difficulty talking. The reviewer concluded that home health care was requested for activities of daily living and not for medical care as there was no specific condition documented warranting active home health care. The initial physician reviewer also noted that the patient had extensive treatment with an internist and that no new internal medicine consultation is required. Thus, the reviewer recommended that home health care 24 hours per day, 7 days per week, and an internal medicine consultation be considered not medically necessary. On 06/07/2013, the treating physician submitted an appeal regarding utilization review. The treating physician noted that the patient is suffering from a multitude of internal medicine problems and is being seen by an internal medicine specialist on a regular basis and had been admitted to the hospital on multiple occasions and is suffering from diabetes and was status post a stroke. On physical exam, the patient had difficulty talking and ambulated with a wheelchair. Treating physician opined that the patient needed professional help to ensure that the patient could at least carry out some activities of daily living with much more safety. Previously on 04/01/2013, the treating physician reported the patient complained of low back pain, was ambulating with a walker, and had difficulty with her activities of daily living as well as difficulty with prolonged periods

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Home health services 24 hours per day 7 days per week: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Home Health services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Home Health Services, page 51, states, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week." The request for home health care 24 hours per day, 7 days per week, is not consistent with the guideline for home health services. If a patient did require home health care continuously 24 hours per day, then the guidelines would instead recommend an alternate setting such as a skilled nursing facility. That said, the guidelines recommend home health services specifically with regard to medical treatment. In this case, the medical records are very limited in terms of what specific condition is to be treated through home health services or even with specific functional deficits the patient may have. The medical records, for example, simultaneously discuss that the patient ambulates with a wheelchair and then indicate that she has difficulty with prolonged stair climbing. It is unclear how much assistance the patient may require for mobility and activities of daily living skills or what degree of assistance the patient may have at home. Without this additional information, it would not be possible to determine the patient's specific medical needs and to apply the guidelines. For these multiple reasons, the request for home health care is not supported by the guidelines. The request for home health services 24 hours per day 7 days per week is not medically necessary and appropriate.

**Internal consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS/American College of Occupational and environmental Medicine (ACOEM), Chapter 7 Consultation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain..

**Decision rationale:** The Official Disability Guidelines (ODG)/Treatment of Workers' Compensation/Pain states regarding office visits, "Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to Final Determination Letter for IMR Case Number CM13-0001836 4 function of an injured worker, and these should be encouraged." The medical records indicate that this patient has been followed extensively from an internal medicine perspective. The treatment guidelines would support followup visits with an internal medicine physician. A "consult," however, would refer to an initial assessment rather than to an ongoing treating/followup visit. Therefore, the request for internal medicine consultation is not medically necessary. The treating physician may,

however, wish to consider a separate request for internal medicine followup visits. The request for an internal consultation is not medically necessary and appropriate.